



NEBRASKA AUDITOR OF PUBLIC ACCOUNTS

Mike Foley
State Auditor

Mike.Foley@nebraska.gov
P.O. Box 98917
State Capitol, Suite 2303
Lincoln, Nebraska 68509
402-471-2111, FAX 402-471-3301
www.auditors.nebraska.gov

October 1, 2014

TO: Nebraska Village Clerks

FROM: Mark Avery, Subdivision Audit Review Coordinator
Nebraska Auditor of Public Accounts

RE: **2014 Village Audit Waiver Request Prescribed Form**

In accordance with Neb. Rev. Stat. §§ 19-2903 and 84-304, in lieu of having an audit performed, the Village may request an Audit Waiver from the Auditor of Public Accounts Office (APA). This request **must** be made on the form prescribed by the APA. If the Village Audit Waiver Request is approved, the Village has met the audit filing requirement for the fiscal year. If the Village Audit Waiver Request is denied, an audit completed by a CPA will be required to be filed by March 31, 2015.

If you plan to have an audit completed by a CPA for the fiscal year ended September 30, 2014, you may disregard this notice and simply submit the audit report by March 31, 2015.

If you choose to request an Audit Waiver, the information **must be** filed on the prescribed form. **Any Village Audit Waiver Requests not submitted on the prescribed form WILL NOT be reviewed and WILL NOT be approved for filing.**

The APA suggests that if the Village wishes to request an Audit Waiver, they submit the request within three months after their fiscal year end (December 31, 2014). We suggest this to allow time for an audit to be conducted by a CPA and filed by March 31, 2015, if the Village Audit Waiver Request is denied.

Submission of your Audit Waiver:

- Submit through Website (www.auditors.nebraska.gov/Submit.html). The Village Audit Waiver form along with any attachments should be all together in one (1) Adobe PDF document. Once submission takes place, you will get a confirmation of that submission.

OR

- Mail your completed 2014 Village Audit Waiver Request to:
Auditor of Public Accounts – PO Box 98917 – Lincoln, Nebraska 68509-8917

Notification of the approval of the Village Audit Waiver Request will be sent to the Village Board Chairperson via e-mail. If no e-mail address was included for the Village Board Chairperson, notification will be mailed via the US Postal System.

If either the Village's audit or the Village's Audit Waiver Request is not submitted and approved by the APA, by the deadline, we are authorized by Neb. Rev. Stat. § 19-2907 to notify the State Treasurer to withhold certain State funds such as Highway Allocation.

One of the APA's main criteria when reviewing the Village Audit Waiver Request Form is the dollar amount of the Village's total disbursements (not including inter-fund transfers). An amount of \$300,000 or greater, in total disbursements is the threshold at which the APA will generally deny the Village Audit Waiver Request and require an audit to be conducted by a CPA.

The following items must be completed and/or included to process your Village Audit Waiver Request Form. Please ensure the following items are completed according to instructions and included with your Village Audit Waiver Request Form:

1. The request must include a copy of the minutes from the governing board, which document the board decision to request the waiver.
2. The cover sheet must be completely filled out, which should include:
 - Village's name and county location
 - Board Chairperson's signature, address, and E-Mail
 - Name, Title, Address, and E-Mail of person to Contact for Correspondence
 - Preparer's printed name, address, and E-Mail. **Note: CPAs please complete the**

contact information along with an email address. A Compilation or review report, may be attached to the back of the Audit Waiver Request Form.

3. The Village Audit Waiver Request Form's statement of actual cash receipts, disbursements, and balances must be completely and accurately filled out. The prescribed form must be used. Please check your addition. If an alternate form is used or the form contains errors, it will be returned to you.
4. When completing the form, all Special Revenue Type Funds of the Village, should be accumulated and reported together, under the Special Revenue Funds Column. The same procedure should be followed for Capital Projects Funds, Debt Service Funds, Enterprise Funds, and Internal Service Funds. Examples of Special Revenue Type Funds the Village may have are (Park, Keno, Swimming Pool, Library, Street). Examples of Enterprise Type Funds the Village may have are (Water, Sewer, Utilities).
5. If you show inter-fund transfers on the form, please remember, "Transfers In" **must equal** "Transfers Out."
6. Review your prior year's Village Audit Waiver Request Form. Your "Beginning of Year Balance" on this year's Village Audit Waiver Request Form, (lines 1-3) should equal the total of the "Ending Balance Consists of" (lines 26-28) from the prior year's Village Audit Waiver Request Form (fiscal year ended 2013).
7. Please keep a copy of your form for your records.

The request cannot be processed without the above documentation.

If you have any questions about the form or the filing requirement, please feel free to contact our office at:

Auditor of Public Accounts	Phone: (402) 471-2111
PO Box 98917	Fax: (402) 471-3301
Lincoln, Nebraska 68509-8917	E-Mail: Mark.Avery@nebraska.gov

The deadline for filing either an audit report or an approved audit waiver is:

March 31, 2015

Village of _____

County _____

VILLAGE AUDIT WAIVER REQUEST FORM
OCTOBER 1, 2013 THROUGH SEPTEMBER 30, 2014

Please submit by December 31, 2014, to allow us time to review before Final submission date of March 31, 2015.

The attached statements were prepared from the books and records of the Village.

They reflect all Village fund balances as of 9/30/14 and the actual transactions for all funds for the period 10/1/13 through 9/30/14, to the best of my knowledge and belief.

For questions on this form, who should we contact (please X in box), Contact will be via e-mail if supplied:

Board Chairperson <u>must</u> sign	PREPARER	OTHER CONTACT
_____ (Signature of Board Chairperson) REQUIRED	_____ (Printed Name)	_____ (Printed Name)
_____ (Printed Name of Board Chairperson)	_____ (Firm Name)	_____ (Firm Name)
_____ (Mailing Address)	_____ (Mailing Address)	_____ (Mailing Address)
_____ (City & Zip Code)	_____ (City & Zip Code)	_____ (City & Zip Code)
_____ (Telephone Number)	_____ (Telephone Number)	_____ (Telephone Number)
_____ (E-Mail Address) ✱	_____ (E-Mail Address)	_____ (E-Mail Address)

**Contact and
Submission
Information**

Auditor of Public Accounts
PO Box 98917, Lincoln, Nebraska 68509-8917
Telephone: (402) 471-2111 **FAX:** (402) 471-3301
Submit PDF File Via Website (www.auditors.nebraska.gov/Submit.html)
Questions - E-Mail: Mark.Avery@nebraska.gov

✱NOTE: Notification of the Approval of this Audit Waiver Request will be sent to the Board Chairperson via e-mail. If no e-mail address is included for the Board Chairperson, notification will be mailed via the US Postal System.

Village of _____, Nebraska
STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS - ALL FUNDS - FOR THE PERIOD 10/1/13 THROUGH 9/30/14

EXHIBIT A
 (Page 1 of 2)

Funds should be accumulated and reported using the fund types listed below. **See Note 4. On Memo.**

		General Fund	Special Revenue Funds	Capital Projects Funds	Debt Service Funds	Enterprise Funds	Internal Service Funds	TOTAL
1	Net Cash Balance							
2	Investments							
3	Subtotal of Beginning Balance (Line 1 + 2)							
4	Personal and Real Property Taxes							
5	Federal Receipts							
6	State Receipts: Motor Vehicle Pro-Rate							
7	State Receipts: MIRF							
8	State Receipts: Highway Allocation and Incentives							
9	State Receipts: Motor Vehicle Fee							
10	State Receipts: State Aid							
11	State Receipts: Municipal Equalization Aid							
12	State Receipts: Other							
13	State Receipts: Property Tax Credit							
14	Local Receipts: Nameplate Capacity Tax							
15	Local Receipts: Motor Vehicle Tax							
16	Local Receipts: Local Option Sales Tax							
17	Local Receipts: In Lieu of Tax							
18	Local Receipts: Other							
19	Transfers In of Surplus Fees (Should = Pg 2, Line 49)							
20	Transfers In Other Than Surplus Fees (Should = Pg 2, Line 50)							
21	Total Receipts (Lines 4 through 20)							
22	Total Resources Available (Lines 3 + 21)							
23	Total Disbursements & Transfers (Page 2, Line 52)							
24	Ending Balance (Line 22 MINUS Line 23)							
25	Ending Balance Consists Of:							
26	Net Cash Balance							
27	Investments (Should agree to Schedule 1)							
28	Subtotal of Ending Balances (Line 26 + 27)							

County Treasurer Balance at October 1, 2013

County Treasurer Balance at September 30, 2014

NOTE: Amounts on lines 24 and 28 must agree.

Village of _____, Nebraska
STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS - ALL FUNDS - FOR THE PERIOD 10/1/13 THROUGH 9/30/14

Exhibit A
 (Page 2 of 2)

Funds should be accumulated and reported using the fund types listed below. **See Note 4. On Memo.**

		General Fund	Special Revenue Funds	Capital Projects Funds	Debt Service Funds	Enterprise Funds	Internal Service Funds	TOTAL
DISBURSEMENTS:								
Governmental:								
29	General Government							
30	Public Safety - Police & Fire							
31	Public Safety - Other							
32	Public Works - Streets							
33	Public Works - Other							
34	Public Health & Social Services							
35	Capital Improvements							
36	Other Capital Outlay							
37	Culture & Recreation							
38	Community Development							
39	Debt Service							
40	Miscellaneous							
Business-Type Activities:								
41	Airport							
42	Nursing Home							
43	Hospital							
44	Electric Utility							
45	Solid Waste							
46	Transportation							
47	Wastewater							
48	Water							
49	Transfers Out of Surplus Fees (Should = Page 1, Line 19)							
50	Transfers Out Other Than Surplus Fees (Should = Page 1, Line 20)							
51	Other (Judgments, etc.)							
52	Total Disbursements & Transfers (Lines 29 through 51)							

AS OF SEPTEMBER 30, 2014

Village of _____, Nebraska

INTERNAL CONTROL QUESTIONNAIRE

FOR THE FISCAL YEAR

OCTOBER 1, 2013 THROUGH SEPTEMBER 30, 2014

Please answer the following questions as thoroughly as possible. If additional room is needed in order to explain an answer, you may attach a sheet of paper to the back of this questionnaire. All questions should be answered .

1. Did the Village perform all bank reconciliations for the fiscal year?

_____ Yes

_____ No

If **Yes**, who conducted the bank reconciliation, how were they performed, when was this usually completed and was the board in any way involved (such as reviewing or approving)?

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If **No**, what was the reason the bank reconciliations were not performed? What was done to compensate for not doing bank reconciliations, who did this, when was this done, and what was the board's involvement?

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2. Does the Village maintain an accounts receivable listing for each utility service provided?

_____ Yes

_____ No

If **Yes**, who maintains the listing, what is the policy of the Village for late payments or no payments, and what is the board's involvement?

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Village of _____, Nebraska

INTERNAL CONTROL QUESTIONNAIRE

FOR THE FISCAL YEAR

OCTOBER 1, 2013 THROUGH SEPTEMBER 30, 2014

If **No**, explain why an accounts receivable listing is not needed.

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3. For each utility service provided, please disclose the accounts receivable balance at the fiscal year end.

Utility Type	Balance
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Does the Village have any checks which have been outstanding for greater than one year?

_____ Yes _____ No

If **Yes**, please disclose the number of and the total dollar amount for these checks.

Number of Checks _____ Total Dollar Amount _____

5. Were any Village funds over budget? If so, this is a violation of State law. Please disclose the reason why this occurred.

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